JC06 RecizeCT/PTO 28 SEP 2 TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR (597(b) or 1.97(c)) 2488.017 In Re Application Of: GRONER, **Group Art Unit** Confirmation No. Application No. Customer No. Filing Date aminer 8368 10/540,402 23405 1614 06/23/05 Unknown METHODS FOR EVALUATING GENETIC SUSCEPTIBILITY AND THERAPY FOR CHRONIC Title: **INFLAMMATORY DISEASES** Address to: **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 37 CFR 1.97(c) À The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: ☐ the statement specified in 37 CFR 1.97(e); OR \Box the fee set forth in 37 CFR 1.17(p).



TRANSMITTAL OF IN RMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))						Docket No. 2488.017			
In Re Application of: GRONER, Yoram SEP 2 8 2005									
Application No.	Filing Date	Examiner TRADENTING		Customer No.	Group Art Unit	Confirmation No.			
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Title: METHODS FOR EVALUATING GENETIC SUSCEPTIBILITY AND THERAPY FOR CHRONIC INFLAMMATORY DISEASES									
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))									
 □ A check in the amount of is attached. □ The Director is hereby authorized to charge and credit Deposit Account No. as described below. □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 									
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Signature Signature					Person Mailing Correspondence				
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	ate may only be used			Sept. 26, 2009		ernjicule			
Jeff Rothenberg, Re Heslin Rothenberg I 5 Columbia Circle Albany, NY 12203 Tel: 518-452-5600 Fax: 518-452=5579 E-mail: jr@hrfmlay	Farley & Mesiti P.C.								
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not considered. Include copy of this form with next communication to applicant.

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*EXAMINER		OTHER DOCUMENTS (Including Author, Ti	tle, Date, Pertinent Pages, Etc.)	***************************************			
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